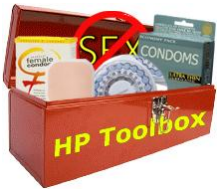

Health Promotion Toolbox

Sexual Health

A Message for Commanding Officers

Active duty sailors and marines acquire preventable sexually transmitted infections, including about 100 new HIV infections each year, and surveyed enlisted male and female sailors report high rates of unintended pregnancy. These outcomes occur among members in both garrison and operational settings. The negative consequences of sexual risk taking for the individual sailor and marine may include pain and suffering, embarrassment, lifelong health / career / family / relationship / financial consequences. For the Department of the Navy, negative consequences may include lost duty days, early separations from service, direct medical care costs, and an erosion of DoN image.

What Can Leaders Do?

(1) Establish and communicate a policy of responsible sexual behavior as the norm. Promote the value of healthy shipmates. Discourage sex-seeking activity during port calls; expect condom use for crew members who engage in sex outside of a long-term, mutually-monogamous relationship; expect use of a buddy system during port calls to prevent alcohol and sex related incidents. Expect leadership by example throughout chain of command - including senior white hats who may be uniquely influential over younger sailors. Consistently communicate command policy and help members understand the rationale.

(2) Do not threaten discipline when members become infected, suspect pregnancy or when they seek health care, because this only delays medical evaluation. If members do not feel they have access to confidential, compassionate and competent health care, they may avoid much needed treatment and counseling. This may extend the period of infectivity and increase or complicate the medical condition of the member. Members must know and believe it is safe to seek care.

(3) Protect and respect the medical privacy of members. Sailors and marines won't seek care if they perceive their privacy is not protected. Ensure all hands know how their medical confidentiality is protected. Do not require medical to send "sick-call" logs containing patient names and diagnoses to leaders. Crew members who believe such a policy is in place may avoid medical care. Instead, leaders should rely on the medical department to appropriately keep leadership informed of crew health and real unit health threats.

(4) Conduct quality all-hands training. Ensure full fidelity to the established GMT curriculum. Provide a positive learning environment (time, place, and command emphasis), and insist on full attendance. Also support on-going sexual health awareness activities. In addition to medical trainers, invite chaplains to participate in sexual health promotion. They can deliver value-based messages and provide individual counseling which supports responsible behavior. These services, which typically focus on risk elimination through abstinence and fidelity, compliment the comprehensive medical message that includes abstinence and monogamy plus additional options for risk reduction. Together, Chaplains and medical professionals may reach the most people and do the most good. Free resources are accessible from the NMCPHC Health Promotion Toolbox at http://www-nmcphc.med.navy.mil/Healthy_Living/Resources_Products/HP_Toolbox/toolbox_sexualhealth.aspx.

(5) Ensure members have convenient and inconspicuous access to condoms at all times – even while deployed and underway. Also ensure unrestricted access to sufficient contraception options and family planning counseling for female members. Scientific evidence clearly suggests that condom distribution programs do not lead to earlier or more frequent sexual behavior (Franklin et al 1997, Wellings et al 1995, Kirby 1994). Condom availability has been shown to reduce STDs and pregnancy among adolescents (Wolk and Rosenbaum, 1995) and in some case to even decrease sexual activity (Blake et al, 2003; Seller et al., 1994). The evidence also shows that condom access decreases the frequency of unprotected sex and contributes to decreases in disease and pregnancy (Jemmont et al 1998) (Shafii et al 2007).

Background.

In 2011, 90 active duty Sailors and Marines became infected with HIV. From 1985 through 2011, at least 5,800 active duty Sailors and Marines have been infected with HIV, most of whom have been lost to the service (Navy HIV Central 2012). About 500 HIV positive members remain on active duty. Health care costs and lost duty days for periodic evaluations and care for military members infected with HIV have not been calculated.

In 2011, over 3000 cases of Chlamydia, gonorrhea or syphilis were diagnosed among active duty sailors and marines (NMCPHC 2012). Although the incidence of Human Papillomavirus Virus (HPV) is unknown, 205 active duty female Sailors and Marines were diagnosed with cervical cancer from 2001-2005 (HPV is believed to cause 90% of cervical cancer). The estimated healthcare cost of these cases is $5.4 million (NEHC 2007). The incidence of other sexually transmitted infections, including genital herpes, genital warts, pelvic inflammatory disease and trichomoniasis are not tracked and costs are not known.

Unplanned pregnancies among active duty Sailors continue to be of concern. In 2010, 2 of 3 (64%) pregnancies among surveyed enlisted female Sailors were unplanned. In other words, only 36% were intended. The national *Healthy People 2010* objective is to increase the proportion of pregnancies that are intended to at least 56%. In 2005, 35% of surveyed male enlisted Sailors and 18% of female Sailors said "when a birth control method is not available, I believe you just have to take a chance and hope a pregnancy does not occur" (Uriell Z. 2007). Lost duty days for unintended pregnancy health care, post-delivery convalescence and separations due to pregnancy have not been calculated. The presumably stressful impact of single parenthood on active duty members, families and Navy and Marine Corps commands has not been quantified.

In 2008, only half of our unmarried active duty male Sailors and Marines used a condom the last time they had sex. Among unmarried active duty females, only 1 of 3 report a condom was used (Bray et al 2009).

Bray R. et al (2009). 2008 Department of Defense (DoD) Survey of Health Related Behaviors Among Military Personnel. Prepared for the Assistant Secretary of Defense (Health Affairs) by RTI International, Research Triangle Park, North Carolina

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Uriell, Z. (2011). (unpublished data based on Results of the 2008 Pregnancy and Parenthood Survey. Navy Personnel Research, Studies, & Technology, Millington TN)

NMCPHC (2012). 2011 STD Report. Navy and Marine Corps Public Heath Center, Portsmouth VA, Jan 2012

NEHC (2007); Nadal T; unpublished data

Navy Bloodborne Infection Management Center, NMCPHC (2012). DoN HIV Seroconversion – 2011 (unpublished data; Feb 2012)

Wolk L, Rosenbaum R (1995). The benefits of school-based condom availability – cross-sectional analysis of a comprehensive high school-based program. J Adolesc Health 1995;17:184-8.